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**DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

OR

Attorney Docket Number	WP 21731 US
First Named Inventor	Hoenes
COMPLETE IF KNOWN	
Application Number	10/559547
Filing Date	December 2, 2005
Art Unit	Unknown
Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTEGRATED TEST ELEMENT

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

12/02/2005

as United States Application Number or PCT International

Application Number **10/559547** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP2004/005924 103 25 699.7	PCT DE	06/02/2004 06/06/2003		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/>	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>	

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

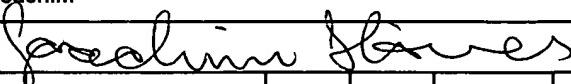
<input checked="" type="checkbox"/> Customer Number	32842	Place Customer Number Bar Code Label Here
OR		
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below.		

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: <input checked="" type="checkbox"/>	Customer Number Bar Code Label	32842	<input type="checkbox"/> OR Correspondence address below
Name			
Address			
Address			
City			
Country			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])		Family Name or Surname					
Joachim		HOENES					
Inventor's Signature			Date	09.01.2006			
Residence	City	Zwingenberg	State	Country	Germany	Citizenship	German
Post Office Address	Rodauer Strasse 50a						
Post Office Address							
City	D-64673 Zwingenberg	State		ZIP		Country	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

ADDITIONAL INVENTOR(S)
Supplemental Sheet
PTO/SB/02A

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Karl				MILTNER				
Inventor's Signature	<i>Karl Miltner</i>					Date	09. January 2006	
Residence	City	Frankenthal	State		Country	Germany	Citizenship	German
Post Office Address	Ernst-Lu.-Kirchner-Strasse 22							
Post Office Address								
City	D-67227 Frankenthal	State		ZIP		Country	Germany	
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
Post Office Address								
City		State		ZIP		Country		